



## Request for Payment FAQs

### 1. Reimbursement Regulations

#### **What expenses that are ineligible for reimbursement?**

Several categories of expenses that are ineligible including: capital or equipment outlay, purchases of awards, trophies, gifts, uniforms, alcohol, or the buildup of reserves. Refer to Council Policy 100-03 for full details.

[http://docs.sandiego.gov/councilpolicies/cpd\\_100-03.pdf](http://docs.sandiego.gov/councilpolicies/cpd_100-03.pdf).

#### **Are there any expenses you recommend submitting for reimbursement?**

The Commission's goal is to provide quick and efficient processing. Aside from ineligible expenses, contractors can submit for reimbursement for any area. However, fewer line items of expenses may allow for quicker processing. Therefore larger expenses and staff salaries are often excellent choices. We also recommend expenses paying non-salaried artists and performers, marketing/advertising, rent expenses, and production/exhibition expenses.

#### **Can we email our invoices?**

Yes, as long as a signature is included.

### 2. Additional Documentation

#### **Do I need to attach copies of invoices or cancelled checks used to pay expenses to my Request for Payment Form?**

No. You are not required to submit copies of invoices or canceled checks as proof of incurrence and payment of expenses, but you must keep invoices and proofs of payment on file in the event that the City conducts an audit of your organization's contract files or until a period of three years has elapsed, whichever occurs first. Please read your contract for further information regarding your organization's financial compliance requirements.

**What about the use of credit cards?** If you are requesting reimbursement for items paid for with a credit card you must include the following with your Request for Payment Form:

- A copy of the credit card statement with the items highlighted for which you are requesting payment,
- Copies of the itemized receipts for the purchases highlighted on the credit card statement.

We are unable to reimburse these purchases without full itemization.

#### **We use direct deposit for our payroll, how do I show it on the form when there is no check number?**

Indicate "direct deposit" in the check number column and include a copy of the statement from your payroll company with the items you are seeking reimbursement for highlighted.

#### **Do organizations need to itemize by Cultural Data Project (CDP) line item?**

No.

**Please print the Request for Payment Form on YOUR ORGANIZATION'S letterhead.**

Send your Request for Payment Form to the Commission for Arts and Culture, 1200 Third Ave, Suite 924 San Diego CA 92102. Or email to Funding Programs Coordinator, Whitney Roux at [wroux@sandiego.gov](mailto:wroux@sandiego.gov).

## Invoice a.k.a. Request for Payment

### Information:

Organizations Legal Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Contract Number: \_\_\_\_\_

Purchase Order Number: \_\_\_\_\_

Invoice Date: \_\_\_\_\_

Contractor Invoice Number: \_\_\_\_\_

Employer Identification Number (EIN#): \_\_\_\_\_

### Request Information:

<b>Request Number:</b> (If first request of FY "1", if second "2" ...):	
<b>Total Requested this Period:</b>	\$
<b>Date of this Request</b> (Today's date):	

**Request Details:** Itemized List of Eligible Expenses Comprising the Amount Requested for Reimbursement. (Include the date each expense was incurred and attach evidence of payment if paid for by credit card or direct deposit.)

<b>Description of Expense</b>	<b>Amount of Expense</b>	<b>Vendor or Employee Name</b>	<b>Date of Payment</b> (Check or Credit Card)	<b>Check Number or Credit Card or Direct Deposit</b> (See FAQs for proper documentation.)
Example: Set design for XYZ dance production	\$2,345	J&J Designs	10/1/15	98765

**Match Request Details:** Itemized List of Required Match Amount. List the match income related to this request for payment amount only. (Include the date each expense was incurred and attach evidence of payment.) Only required for or Organizations with less than \$100,000 annual operating budget.

Date	Source	Amount
Example:1/1/2016	The ABC Foundation	\$1000.00

**Authorization**

I have read, understood, and prepared this invoice in compliance with Article III Compensation of the Agreement between the City of San Diego and the organization I represent.

Printed Name & Title			
Signature		Date	